



STATE OF ARIZONA
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
PROMOTING HONESTY AND INTEGRITY
OFFICE OF INSPECTOR GENERAL

Douglas A. Ducey
Governor
Jami Snyder,
Director

November 15, 2019

Head to Toe Therapy, LLC
5314 N. 7th St.
Phoenix, AZ 85014

Re: **Notice of Suspension – Credible Allegation of Fraud**
Provider ID [REDACTED]

Dear Provider,

In accordance with 42 C.F.R. § 455.23, the Arizona Health Care Cost Containment System (“AHCCCS”) hereby notifies you that AHCCCS has imposed a temporary, system-wide suspension of payments to you pending an investigation into a credible allegation of fraud leveled against you. Specifically, it is alleged you engaged in fraud involving the Medicaid program that includes, but is not limited to: failure to adhere to medical documentation requirements; Creation of false documentation; failure to adhere to Provider Participation Agreement and/or Group Biller Participation Agreement; failure to adhere to Qualified Vendor Agreement with DES/DDD; Services provided outside scope of practice; Services provided by unregistered providers; Service provided by unlicensed and/or unqualified providers; Billing for services not provided. After carefully reviewing the allegation, facts and existing evidence, AHCCCS has determined that the allegation has sufficient indicia of reliability to justify this suspension of payment. This suspension of payment shall take effect on the date of this Notice of Suspension.

All suspension of payment actions under 42 C.F.R. § 455.23 are temporary in nature and will not continue after either of the following: (i) AHCCCS or prosecuting authorities determine that there is insufficient evidence of fraud by the provider, or (ii) legal proceedings related to the provider’s alleged fraud are completed.

Your Rights

Submission of Written Evidence to AHCCCS Office of the Inspector General

At any time during the pendency of the investigation into the credible allegation of fraud, you have the right to submit written evidence to AHCCCS demonstrating that good cause exists to remove the suspension in whole or in part. If you choose to exercise this right, please submit your written evidence to:

WARNING

This document is the property of the State of Arizona, Arizona Health Care Cost Containment System, Office of Inspector General, and is on loan to your agency. Contents may not be disclosed to any party under investigation nor may this document be distributed outside the receiving agency without the specific prior authorization of the AHCCCS Inspector General or designee.

Sharon Ormsby
Inspector General
Arizona Health Care Cost Containment System
801 East Jefferson Street, MD 4500
Phoenix, AZ 85034

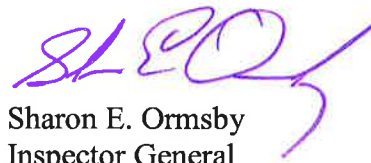
Request for a State Fair Hearing

Pursuant to A.R.S. § 41-1092, et seq. and 42 C.F.R. § 455.23(a)(3), you have the right to request a state fair hearing if you disagree with the action specified in this Notice of Suspension. **Your Request for Hearing must be in writing and must be received by AHCCCS, at the following address, no later than 30 days from the date of this Notice of Suspension.** Mail your Request for Hearing to:

Arizona Health Care Cost Containment System
Office of Administrative Legal Services
701 East Jefferson Street, MD 6200
Phoenix, AZ 85034

Failure to request a state fair hearing within the deadline described above will forfeit your right to a state fair hearing to challenge this payment suspension.

Sincerely,



Sharon E. Ormsby
Inspector General

cc: AHCCCS Managed Care Plans
Markay Adams
Jakenna Lebsock
Kasey Rogg